DEVELOPING

A SEXUALITY EDUCATION PROGRAM

WHILE ADOPTING

A MENTAL HEALTH PROMOTION

APPROACH

The Cape Breton Wellness Centre
University College of Cape Breton
Funded by: Health Canada

1999

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INTRODUCTION

The Project In the early months of 1999, a unique education program was carried out at the Whitney Pier Youth Club in Sydney, Nova Scotia. The approach of the program was twofold in nature. Obviously the principle aim of the program was to educate the youth involved about their sexuality and to encourage healthier choices and practices in this area. A second consideration was to design a project that would adopt and demonstrate the principles of mental health promotion, and evaluate whether or not the mental health promotion approach would enhance the effectiveness of the sexuality education.

The Goal To develop a sexuality education model while adopting the mental health promotion approach.

History of the Project The Cape Breton Wellness Centre initiated discussions with an ad hoc community group about the possibility of a mental health promotion project for industrial Cape Breton as early as September 1997. The community group included representatives from government and grassroots organizations who shared an interest in this emerging perspective in mental health.

At the same time, the Wellness Centre was hearing from the staff at local youth centres that there was a need for effective sexuality education among teens. Although attempts had been made to address this need, it was felt that the traditional guest lecturer approach had not been effective. The young people who had attended the sessions were bored and the information had not significantly changed their behaviour. The staff from the youth centres emphasized that the issues relating to responsible sexuality were intimately connected with a young person's self-esteem, sense of worth and decision-making abilities, and were potentially complicated by alcohol and drug abuse. They believed that in order to be successful, any new programs in sexuality education would have to be creative and, above all, participatory in nature. It was these considerations that led the Wellness Centre to recommend that the ad hoc committee make the creation of a sexuality education program its mental health promotion project

The Cape Breton Wellness Centre convened a meeting of community stakeholders in July, 1998. This group included members from the previous ad hoc committee as well as representatives from: the Canadian

Mental Health Association, Public Health Services, Planned Parenthood of Cape Breton, AIDS Coalition of Cape Breton, Sharp Advice Needle Exchange, the Department of Community Services and the directors of the Whitney Pier Youth Club and the Sydney Kinsmen Youth Centre Society. The new committee was excited about the project. It was agreed that the members from the various organizations would act as resource persons as the project unfolded, but a smaller working group would actually guide the project, consulting with the others as the need arose. Youth would be involved in all aspects of the design, implementation and evaluation of the program.

A proposal was developed by the Cape Breton Wellness Centre and presented to both the Mental Health Promotion and Sexual and Reproductive Health Units of Health Canada. The proposed project would utilize the mental health promotion approach in the design and delivery of a sexuality education program. Representatives from both units were enthusiastic, and the program was ultimately funded by the Sexual and Reproductive Health Unit.

MENTAL HEALTH PROMOTION

In June, 1996, the Centre of Health Promotion at the University of Toronto and the Mental Health Promotion Unit of Health Canada convened an international workshop to consider the topic of mental health promotion. Workshop participants arrived at the following definitions of mental health and mental health promotion:

- **Mental health** is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.
- **Mental health promotion** is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity (Raeburn & Joubert, 1997).

Central to these definitions are the concepts of **individual resilience** and **supportive environments**. Every person faces challenges and adversity. Our ability to deal with the negative realities of our lives, our ability to bounce back (or not bounce back) from pain and sorrow, is what ultimately determines our mental health. This resiliency is closely connected to our sense of personal control over our lives and the development of this sense depends upon supportive environments - environments which help people develop their self-esteem, coping skills, social support and emotional well-being.

The Whitney Pier Youth Club is one such supportive environment. As one of the program's participants said: "You can come here and you are at home. You are not made fun of and you fit like a glove."

In the first needs assessment meeting with youth, participants were introduced to the definitions from the Toronto conference. The young people found the language of these statements overly technical and confusing. They reformulated the definitions into the following five statements, which they felt best captured their understanding of mental health promotion and how they would like to see it implemented in the project:

- ***Need to feel good inside and good in your environment***

Youth said they felt comfortable at the youth club, that they were treated with respect and equality and that they were free to speak their minds.

- ***Need to feel empowered and encouraged***

The teens said staff at the Whitney Pier club already encouraged them with comments like "good job," "great idea " and "you can do it."

- ***Need to feel free to make their own choices and take responsibility for the choices they make***

The participants had already helped create the centre's rules and they understood the reasons for them and the consequences of not following them.

- ***Need to be able to get the information they need to make personal choices***

Youth expressed frustration that they were limited in their access to services and wanted the project to help them reduce barriers between them and information.

- ***Need to know yourself and be comfortable with yourself and accept yourself - You must be allowed to be yourself to have the above***

The young people said they were frustrated when their need to express themselves was limited by others. They hoped the project would help them to develop even greater self-expression.

These statements and observations indicate that there is a natural understanding of the conditions that promote mental health, even if it is not recognized or labelled mental health promotion. Indeed, during the course of this project it became clear that many grassroots, community organizations like the Whitney Pier Youth Club are already practicing mental health promotion techniques while other institutions still struggle to understand it and put it into practice.

SEXUAL AND REPRODUCTIVE HEALTH

The link between the economic environment and mental health is well- understood. The other broad determinants of health include social factors such as social status, social support, work environment, physical health and access to health services. Sexual and reproductive health is effected by these factors too. Health Canada pointed to the relationship in its study Framework on Sexual and Reproductive Health, which included these findings:

- Earlier initiation into sexual activity and riskier sexual practices are high among youth in lower socioeconomic groups.
- Teenagers who live in the lowest income neighbourhoods have birth rates nearly five times higher than those in the highest income neighbourhoods.
- Social status influences the degree of control people have over their lives.
- A lack of power and equal status in society can make it difficult to participate fully in relationships and make healthy choice regarding sexual and reproductive health. Social status also influences access to health care.
- Social and emotional support from families, friends and communities is associated with better sexual and reproductive health. Community and peer support are also important in the prevention and treatment of sexually transmitted disease because they provide the context of values, norms, expectations and reinforcements within which healthy choices about sexual behaviour are made.
- Lower education levels are associated with early onset of sexual activity and lower rates of contraceptive use.
- People's knowledge, attitudes, intentions and skills are key determinants of healthy choices about sex, sexuality and reproduction. Personal capacities such as coping skills, sense of control, self-esteem and competence are strongly linked with overall health and are key contributors to sexual and reproductive health.
- As part of their development, young people do take risks and test limits. However, if they have a good sense of their own worth and strong coping and decision-making skills, they will be better able to assess risks and reduce the potential for harm.

PROFILES

* CAPE BRETON SITUATION
* WHITNEY PIER YOUTH CLUB
* ADVISORY COMMITTEE
* COORDINATOR
* CAPE BRETON WELLNESS CENTRE

PROFILES

Cape Breton Situation It is well-known that Cape Breton's resource based economy has experienced a long period of decline. Estimates of unemployment range from an official figure of approximately 25% to unofficial estimates of 45 and even 50%. There are indications that its traditionally close-knit communities and families are experiencing deterioration. There are measurable increases in crime, drug use, alcohol abuse, teen pregnancy, suicide and family violence. The number of families on social assistance is on the rise as jobs and unemployment benefits dry up. Significant numbers of Cape Bretoners have moved elsewhere in Canada in search of work.

Children cannot help but be affected by the socioeconomic stressors acting on families and friends. Recent studies suggest that a sense of helplessness and hopelessness is overtaking our youth. Health Canada's Population Mental Health in Canada (1998) reports an alarming trend: Canadian teens (ages 14-20) are least likely to be happy and interested in life. This is a complete switch from earlier data which showed teens as the happiest segment of Canadian society. The study concluded that:

- Mental ill-health is now concentrated among the young, raising the possibility of life-long problems for the current cohort of youth; and
- The social and economic conditions that foster positive mental health are continuing to deteriorate. These conditions include *increased* child poverty, income disparities, involuntary part-time work, and single-parent families; and *declining* labour market participation by youth; secure, full- time, weekday jobs; availability of mental health professionals; and expenditures on health, welfare and education.

Whitney Pier Youth Club Whitney Pier is a culturally diverse, working-class neighbourhood that grew up around the Sydney steel mill over the course of the last century. Its youth club is housed in a small building across from the junior high school. The age of the young people attending the centre ranges from eight to eighteen years, with older teens attending primarily after school and in the evenings. The young people who visit it daily describe it as their, "home away from home," and the staff as, "family."

It was established six years ago as a drop-in centre where young people could play games like pool and Nintendo. It quickly became clear, however, that local youth were interested in more diverse activities as well, and staff changed the programming in accordance with their suggestions. Their artwork decorates the walls and their fund-raising activities buy the extras like the centre's television set.

The breakfast program at the Whitney Pier Youth Club feeds approximately 30 children each day, the lunch program as many as 40. After school the youth can participate in tutoring programs, art classes, computer studies, exercise sessions and snack breaks. There is also a community garden maintained by the youth themselves. Members of the community volunteer on a regular basis.

The participation and interaction of youth, staff and community at the Whitney Pier Youth Club is mental health promotion in action at a grassroots level. The club encourages creative participation and decision-making, particularly among its youth, and it validates those contributions in the context of a supportive and welcoming environment. By utilizing this approach, staff have been enormously successful in recruiting youth and retaining their participation. As one youth member put it: "Eight to eighteen, we're all the same."

The club's staff wear many hats, from counsellor to family crisis intervention worker to sexuality educator. Local youth were confiding in them about pregnancy scares, multiple partners and lack of proper birth control. It was this situation that led staff to cooperate with the other community partners on the joint sexuality education and mental health promotion project they hoped would make a difference.

The conditions for launching a mental health promotion initiative already existed at the Whitney Pier Youth Club, and the program stood a much greater chance of success here than with unacquainted teens in unfamiliar surroundings. The club's youth enjoyed a high degree of trust and comfort, and were already familiar with the participatory process. This project would build on that foundation.

Advisory Committee As described in the introduction of this report, community agencies from industrial Cape Breton were well-represented on the advisory committee, and certain members - Planned Parenthood, AIDS Coalition - participated directly in the educational sessions.

The advisory committee acted in an advisory capacity to the Cape Breton Wellness Centre and the program coordinator throughout the project. Its members provided professional advice about sexuality and mental health promotion, and shared their knowledge about current literature, programs and community resources (for advisory group terms of reference, see Appendix A).

The group met every two weeks at the club, giving the community partners a feel for the environment itself. In addition to the regular meetings, the coordinator called on members of the committee as their expertise was required. Members supplied her with educational materials used throughout the program, as well as invaluable advice and support.

The project was consistent with the principles of community development, a model that responds to the needs of a community and allows the members of that community to direct the initiatives themselves. For this reason it was important that the members of the advisory committee be people who understood and were comfortable working within the community development approach.

Originally it was thought that youth would be integrated into the advisory committee if and when a strong need existed for direct consultation. For a variety of reasons, this aspect of the plan was abandoned. It was felt that the needs, ideas and thoughts of youth were well-represented at this level by the club's director and the project coordinator. The committee also had concerns about overburdening youth with administrative meetings. Furthermore, because the committee was involved in ongoing discussions about the implementation and evaluation of mental health promotion in the context of this pilot program, members worried that these discussions would confuse the youth participants about the goals of the project as they understood them. It was also felt, however, that youth involvement would certainly be important in a similar project of longer duration.

Coordinator Youth were to play the biggest role in design, implementation and evaluation of the program, but the advisory committee and the staff at the Whitney Pier Youth Club recognized it was critical to choose a coordinator who could work with the teens to bring their ideas to fruition. The committee sought a person who was a highly-skilled facilitator with a background in community development. The coordinator would have to work well with youth, be willing to involve them in every aspect of the program, and have a high comfort level with the subject matter. The person chosen to coordinate the program would need to maintain the atmosphere of trust and foster the sense of youth ownership that already existed at the Whitney Pier Youth Club. In this respect the committee, and the youth participating in the project, were very fortunate. They were able to hire and work with a unique person who combined all these strengths and abilities (for coordinator's job description, see Appendix B).

In the course of this sexuality education and mental health promotion project, the coordinator identified several key components she felt were critical for building trust:

- listening and hearing - youth know they have been heard when their ideas are acted upon
- honesty and openness - a facilitator must be willing to give a part of herself/himself, to share experiences and to answer questions as honestly as possible
- working side by side - the coordinator must work side by side with youth to make things happen, implementing their ideas and learning from the successes and/or failures
- building a relationship with each youth - the coordinator must genuinely care about the individual participants and take the time to talk to each one about their concerns
- respecting the decisions of youth - the coordinator must avoid imposing her opinions on youth and act as their advocate with adults

It is clear that facilitating a project of this kind is not for everyone. The hours are erratic - the coordinator must be very available to youth and committee members. The position requires a person who is willing to open herself/himself up to participants, but also set and respect boundaries on personal issues.

Above all, the coordinator must be a genuine person who cares about the project and youth involved. The challenges are great, but the rewards are many.

Cape Breton Wellness Centre The Cape Breton Wellness Centre is situated at the University College of Cape Breton. The aim of the Wellness Centre is to enable individuals and communities within Cape Breton to increase control over and improve their health. The Wellness Centre activities fall within four domains: academic programming in the area of wellness; fitness and active living; research; and community health promotion. The sexuality education and mental health promotion project fell under the community health promotion domain of the Wellness Centre. The Centre initiated the project and played a management and administrative role through the project.

NEEDS ASSESSMENT PHASE

* *CONSULTATION WITH YOUTH*
* *PROJECT COMPONENTS AND METHODS*

NEEDS ASSESSMENT PHASE

Consultation With Youth Twenty youth were present at the first meeting in January. Over the next few sessions that number would gradually increase to a fairly consistent 35. Interestingly, the mix of males and females was roughly half-and-half - often more females than males attend. The large majority of the participants ranged in age from 14 to 18, but a few of participants were as young as 11.

The immediate concerns expressed by the youth were related to safe sex and the availability of condoms, and access to confidential health services. Youth complained that while safe sex was widely promoted, lack of money and concerns about privacy kept them from purchasing condoms in local stores. The sentiment expressed was that, "Everyone will know." They also complained that the medical clinic in Whitney Pier did not book appointments and teens felt their confidentiality was violated by having to wait. "It's fine if you can get to Sydney, but you are not going to line up to see a doctor (in Whitney Pier) unless it is very critical," commented one participant.

In order to gauge the areas of sexuality education most important to the project's participants, the following questionnaire was administered:

- Where have you learned most things about sexuality?
- Do your parents talk to you about sexuality?
- Do you think your parents need some help in learning how to talk to you about sexuality?
- What is your biggest concern about sexuality?
- What could we do to help you?

Approximately one\third of the youth present cited television as their source of information about sexuality, another third cited friends and acquaintances, and another third cited parents. Roughly half said their parents did not discuss sex with them, but surprisingly almost all said they did not think their parents needed help in this area. Slightly more than half of the participants said pregnancy was their greatest concern about sex. The others pointed to AIDS and STDs. All were in agreement that the greatest benefit the program could provide was information about youth services available to them.

The coordinator then facilitated a general discussion about teen sexuality using facts from Nova Scotia's study Just Loosen Up and Keep Talking. The youth identified points of agreement and disagreement. That study described parents as the most positive, straightforward, non-judgmental and trustworthy sources of sexuality information, but 32% of the study's 220 respondents said their parents were either silent or unhelpful. The youth of the Whitney Pier Youth Club described their parents as the last people they would seek out for such a discussion because parents were uncomfortable viewing their children as sexual beings. Seventy-nine percent of the teens contributing to the provincial study identified themselves as sexually active and three-quarters described the experience as positive. The Sydney teens generally agreed with these figures. They also agreed that large numbers of youth (57% according to the survey) only used condoms and birth control sporadically. The prevailing attitude, according to the Whitney Pier youth, was that disease and pregnancy would happen to someone else, not them. Disturbingly, a large number of youth agreed with a finding that teens would not want to seek help for assault and abuse, for reasons ranging from fear to embarrassment.

The definitions of mental health promotion developed by the international conference in Toronto were also introduced to the youth for discussion at this needs assessment session. They reformulated them in their own words (see page 2 of this report) and they quickly came to understand that many of the principles of mental health promotion were already at work in their club.

The five areas youth agreed they would study and discuss during the course of the program were:

- birth control
- relationships
- planning a healthy future
- getting to know your body
- accessibility to information and services

The advisory committee had been interested in involving parents in the sexuality education sessions but the youth present reacted strongly to this idea. It was their feeling that parents should definitely not attend - that it would make them less willing to express themselves openly and that the

focus should stay on youth participation. Youth ownership of the process was an overriding consideration and the plan to involve parents was largely abandoned. However, on further consideration youth did decide that a parent day could be added to the schedule. Parents and other guests could attend and learn the same information as the youth in the program.

Project Components and Methods It became clear that the young people planning the program were turned off by the guest lecturer approach, but here again the participants proved innovative. They suggested an **information blitz** with speakers invited from local agencies, but instead of allowing the guests to set the agenda, youth would submit questions and ideas to them in advance. The participants believed this would ensure that they received the information they wanted and that the sessions would remain interactive. The speakers would then be invited to attend the parent day.

The youth participants were also interested in interactive **sexuality education sessions**, facilitated by the project coordinator, where they could focus on the areas of sexuality education that particularly interested them.

Participants expressed a desire to use **popular theatre** and other creative mediums to explore what they wanted to learn. They decided to invite local dramatists to help them develop skits pertaining to sexuality and mental health. The idea of filming a video was discussed. Youth chose to make **journal writing** another part of the learning experience. The fifth component, an active use of the principles of **mental health promotion** would be part and parcel of each session.

The participants were increasingly enthusiastic as they saw their plans taking shape - they were even excited by and took charge of all the practical issues like organizing seating, providing snacks and thanking their guests. The coordinator saw an increasing cheerfulness and confidence as their plans progressed.

IMPLEMENTATION

* SEXUALITY EDUCATION SESSIONS
* INFORMATION BLITZ
* JOURNAL WRITING
* POPULAR THEATRE
* MENTAL HEALTH PROMOTION

IMPLEMENTATION

Sexuality Education Sessions The subjects of these interactive sessions were chosen by the youth participants. The project coordinator created the format and activities used to explore the topics (for outlines of the session plans, see Appendix C). The following is a brief description of each session:

_ ***Accessibility to information and services***

This remained a top priority for participants. They knew the present program would end eventually and they wanted to know where they could continue to receive help as needed. They searched through directories and talked to guidance counselors and teachers about various agencies, and then presented the information they gathered to the group as a whole.

_ ***Birth control***

Another of the sexuality education sessions focused on the various methods of birth control. It began with a discussion of myths and realities about contraception and the differences between male and female attitudes toward birth control were explored. The session included a 'how to use a condom' exercise and as homework participants were asked to find out where condoms were available in their community.

_ ***Planning a healthy future***

This session explored and worked on developing positive thinking, personal control, communication and decision making. The participants would explore situations where negative thinking was overcome, where control was taken (or surrendered) and where choices were made and problems were solved. They were also asked to consider past decisions relating to their own sexuality, and to further consider why they had made those choices and what choices they might make now in the same situations.

_ ***Relationships***

Youth examined the pressures related to dating as well as issues relating to love, partners intimacy and commitment. A dating 'bill of rights' was discussed, with youth contributing changes and additions. The teens considered and rated aspects of a healthy relationship and were asked to rate them in order of importance. Masculine and feminine stereotypes were explored too.

– ***Getting to know your body***

The physical changes in a teen's body - what is normal and healthy - was the subject of this session. The coordinator asked youth to help her generate a list of the personal issues that related to sexual maturation - self-consciousness, sexual desire, mood swings, peer pressure, confusion, personal identity, etc.

The coordinator employed a wide range of techniques to explore these topics with participants, including brainstorming, handouts, individual worksheets, true and false exercises, question and answer periods, and small and large group discussions. The aims of mental health promotion were consistently considered and pursued through each session. For example, youth had identified access to information and services as a priority. The coordinator knew she could readily supply the needed information, but she also realized this would be a short-term solution and would not develop the self-help and coping skills the project sought to promote in its participants. Instead she encouraged youth to seek out the information for themselves by looking through phone books and directories, collecting written materials and speaking with parents, teachers and guidance counselors. After two weeks, participants shared their information with the group as a whole. Based on this search the participants identified five local organizations they wanted to learn more about and made plans to invite representatives from each to their information blitz.

The response to these sexuality education sessions was very positive. Participants felt reassured about the changes they were experiencing physically and became aware of issues relating to health and safety. "I never knew there were so many things I had to be careful about," noted one teen. They learned a lot about relationships, and respecting themselves and others. "I won't pressure my girlfriend anymore," wrote one teen. They rated the learning environment and teaching methods very highly. "Everyone felt comfortable and free to ask questions."

The coordinator observed that youth are truly interested in issues that affect their lives and futures. They participated actively in discussions of very personal issues and offered support and advice to each other throughout. The discussion were quite free-ranging, but the coordinator found that having a work plan to follow helped to keep The discussion on track.

Information Blitz The information blitz and sexual education sessions were interconnected, with project participants bringing the information and/or skills they had learned at one meeting into the context of the next. The five organizations the youth of the Whitney Pier Youth Club chose to invite to the blitz were:

- ***AIDS Coalition of Cape Breton and Sharp Advice Needle Exchange***
  Youth chose this agency because of fears about AIDS and other STDs. They wanted to learn how to limit their risk. They also had questions about homosexuality.

- ***Crisis Intervention - Cape Breton Regional Hospital***

  The teens recognized they might need the services of crisis intervention if they suffered an assault or rape, or more generalized mental distress, but they had no idea of how to access its services.

- ***Planned Parenthood of Cape Breton***

  The centre's youth had heard that this organization offered free pregnancy tests and advice on birth control.

- ***Ann Terry Women's Employment Outreach***

  The project's participants wanted to counteract pessimism about the future. They wanted to learn to cope with economic stressors and consider plans for their futures, so a session on career planning was added to the blitz.

- ***Sydney Youth Health Centre***

  This teen health clinic is in downtown Sydney, several miles from Whitney Pier. The youth in this program had heard about it but had only a vague idea of the services offered there.

Youth had a marked preference and enthusiasm for speakers who were open and frank with them about all issues relating to sexuality, and who were willing to answer any question to the best of their ability. The participants integrated mental health considerations into the discussions and many of their questions required their guests to do so as well. They gave

high marks to speakers they felt had adapted their terminology and presentation to a younger audience. Regarding the speaker from Planned Parenthood, one participant remarked, " She was great - she really understands us and talks in our language." The representative from the AIDS Coalition developed a concrete plan to supply the youth of the Whitney Pier Youth Club with condoms. The teens were amazed by the range of services offered at the Sydney Youth Health Centre and many have visited the office as a result.

The importance of making youth comfortable, of communicating with youth on their level, cannot be stressed enough. The participants in this project actually said they would probably avoid one of the organizations they learned about because its representative at the information blitz seemed distant and unhelpful.

Of the five speakers at the information blitz, three attended the parent day. Approximately 50 youth showed up, but less than half a dozen parents. The teens told the coordinator they knew it would be this way, although most admitted they had not specifically invited their own parents. One grateful parent, however, told the coordinator that she and her son were having difficulties and when he asked her to attend, she dropped everything else just to be there with him.

Overall the participants rated the blitz highly and were impressed by the services that were available to them in the industrial area. Attendance was very good because youth had submitted their questions in advance and knew their issues would very likely be addressed. The coordinator did not set an agenda for these sessions. The blitz demonstrated that teens are the experts on what they want and need to learn.

Journal Writing At the suggestion of the project coordinator, youth at the Whitney Pier Youth Club also chose to make writing in private journals a part of this learning experience. The coordinator encouraged the project's participants to use the journals after each session, and in between sessions as well, to reflect on their experiences, their insights, their fears and their questions. It was also a forum for considering their own participation in the process and how well the program was meeting its mental health promotion aims.

Most participants had never kept a journal before, but it quickly became their favourite part of the program. Comments ranged from, "It helps you keep track of what you are learning," to "I could write whatever I wanted and no one would ever see it." Some teens included drawings and poetry in their journals. Participants were very concerned about keeping the journals private. They did not want to take them home for this reason. Instead, the journals were held in complete confidence in a locked box at the club. The only keys were held by the coordinator and one trusted youth chosen by the participants. Code names were also employed during the project to provide a degree of anonymity for participants when writing in their journals, contributing to the suggestion box or completing surveys. The idea of using code names was very popular, although to what extent it protected identity was highly questionable since participants found it fun to use their code names quite freely.

The project purchased durable, hard cover journals for the youth, and kept pencils and sharpeners on hand. The coordinator reminded youth of the journals frequently and also made suggestions of issues they might wish to write about. She never asked to see what the young people wrote in their journals, but occasionally they would share sections with her. "I liked being able to write down what I was feeling," said one participant.

Popular Theatre From the very beginning youth expressed an interest in using theatre, music and poetry as learning tools and as a means of expression. The coordinator arranged for a local dramatist skilled in popular theatre to facilitate a couple of introductory sessions. Their interest confirmed, six more popular theatre sessions were added to the March roster.

In spite of the initial enthusiasm, many youth were naturally shy about performing in front of their peers. In keeping with the open-door policy, youth were allowed to participate in or simply observe the sessions. The coordinator noticed, however, that many of those who stood on the sidelines eventually moved closer and finally joined in the activities. Low speaking voices eventually grew louder and more confident. Youth found the theatre games highly enjoyable. They were laughing, hugging and sharing stories.

Youth chose to explore very serious topics through the popular theatre

sessions. They wrote their ideas on a flipchart and then quietly gauged the reaction of their peers to the suggestions. Topics included safe sex, gay bashing, violence in young women, date rape, AIDS, cheating on your partner, teen pregnancy, drug abuse, suicide and depression.

The young people really felt they had greater insight as a result of playing roles in skits about these issues. "It was weird doing a skit about gay bashing, but it really opened my eyes," commented one teen. It was a lot of fun too. "The games are great. Can we do this again soon?" Another said, "I had so much fun watching my friends act out skits and do the sculptures."
A Friday evening coffeehouse where the teens performed their skits, poetry and music rounded off the program.
Several teens took responsibility for videotaping the skits the participants created. This in-house video crew also participated in a unique learning experience at UCCB. They spent time with staff at the university's audiovisual department editing their materials and creating a video they will submit to Health Canada as part of the project.

The coordinator observed that it is important that the person facilitating popular theatre for youth have previous experience working with youth. Such a facilitator needs to adapt his/her language, formats and games to youth, and have a clear understanding of the objectives and expectations of the project and its participants.

Mental Health Promotion The mental health promotion approach was an integral part of this project. Its principles were woven into the fabric of the entire program. During the course of the project, evaluation tools were being developed and administered with an eye to determining if in fact:

- The mental health promotion approach was actually utilized, and
- The approach had an impact on the effectiveness of the sexuality education programming.

As mentioned earlier in this report, youth were introduced to the concepts of mental health promotion in their first meeting with the project coordinator. It was clear they had a gut reaction to the concepts. They developed five statements about mental health and its promotion in which issues like self-esteem, supportive environments, empowerment,

decision-making, taking responsibility and self-acceptance were addressed. It was critical that youth understand mental health promotion and its place in this project since they would play a key role in evaluating how successfully the approach was implemented.

The concepts of mental health promotion are inseparable from any discussion of sexuality or relationships, but the coordinator and advisory committee worked hard to ensure they were deliberately integrated into each and every session and activity. Many of the activities in the sexuality education sessions were interactive - from brainstorming to discussions to question and answer periods - **on subjects they had chosen**. Individual worksheets encouraged participants to consider issues in the context of their own lives: e.g., choices they had made about their own sexuality, listing conscious and unconscious decisions from the previous day, positive and negative aspects of previous relationships, etc. The guests at the information blitz were chosen by youth and the format of the sessions was designed by them. The popular theatre sessions also centred on topics chosen by them and was a highly personal medium of expression.

After each session, the coordinator led a discussion aimed at determining to what extent mental health promotion principles had been utilized that evening. She tried to judge what protective factors had been enhanced and what risk factors had been reduced. Her questions attempted to discover:

- Whether or not the participants felt their sense of empowerment had been enhanced
- Whether or not they felt encouraged or accepted
- Whether or not they were made to feel comfortable expressing themselves
- Whether or not their issues were addressed in the context of their own lives
- Whether or not they felt respected throughout the process
- Whether or not they felt an enhanced sense of well-being as a result of the session

Journal writing was of course an important activity with respect to mental health promotion. It was expected the reflections and insights of youth recorded there would be very important when evaluation questionnaires were administered. These questionnaires and the components of mental health the evaluation committee chose to focus on

will be discussed in the next section of this report.

Initial feedback from youth suggested that they did feel encouraged and validated throughout the program. "I am really happy to be involved in the project," commented one participant. Another said, "I learned to like myself more." They could see changes in themselves as well. "I now know I am able to make difficult decisions by myself," noted one teen. "My self-esteem has gotten much better," said another.

The coordinator observed that in the beginning youth were very uncertain about the project. They quickly came to see she was not a teacher, but truly a facilitator, and that they were largely in control of the program. Over time uncertainty changed to confidence and even the most reserved participants ended up wearing the tee shirts the Whitney Pier youth had designed with pride. The slogan read:

"Everything about me is . . . perfect."

EVALUATION

* SELF-REPORT AND FEEDBACK
* EVALUATING CHANGES IN MENTAL HEALTH STATUS
* OVERALL EVALUATION
* BARRIERS
* TWO MONTH POST PROGRAM FOLLOW-UP

EVALUATION

Self-Report and Feedback The sexuality education and mental health promotion project carried out at the Whitney Pier Youth Club was initiated by a group of community partners. In accordance with the objectives of the project, youth were given a great deal of input into the design, implementation and evaluation of the program. The evaluation tools employed, however, were created by the coordinator and evaluation committee who were mindful of the two-pronged nature of the project - sexuality education and mental health promotion.

Evaluation of the project was based on self-report, both written and verbal. The written evaluation of participants included journal writing, contributions to the comment box at the club, feedback sheets about individual sessions and more comprehensive questionnaires administered periodically. Verbal feedback included group discussions and one-on-one conversations between youth and club staff or the coordinator. The coordinator's home number was freely available to the teens and they did call her in significant numbers.

As mentioned earlier, each session of the program was followed by a discussion in which youth were asked a series of questions which would lead them to reflect on what they had learned and how they felt their mental well-being had been effected (see Appendix D). They were also encouraged to record the same thoughts in their journals. Follow-up to each sexuality education session - which focused on topics chosen by the teens themselves also included responding to a short evaluation form (see Appendix E).

After each major component of the program was completed (i.e., sexuality education sessions, information blitz, popular theatre) short feedback sheets aimed at evaluating the component as a whole were administered (see Appendix F). Youth were asked to respond individually to these questions or consider them in small discussion groups and their own journals prior to filling out and returning the forms.

At the end of the project, participants were asked to fill out a questionnaire specifically targeting mental health promotion (see Appendix G). They were asked if and how the program had fostered the conditions for mental health promotion which they themselves had identified in the first

session with the project coordinator - conditions like supportive environments, sense of empowerment, access to information, responsible decision-making and self-acceptance.

Evaluating Changes in Mental Health Status The two aims of the project - sexuality education and mental health promotion were necessarily interwoven. This was true not only in terms of the activities and sessions, but in terms of evaluation as well. The feedback tools described above focused on changes in both knowledge and mental health status. The evaluation committee also created tools aimed at evaluating changes in the mental health status of the participants

The committee knew it was unrealistic to expect a dramatic change in mental health status based on such a short-term project, but it wanted to at least attempt to measure how the youth involved felt about themselves during and following the project. Health Canada's Population in Mental Health in Canada (1998), authored by Thomas Stephens, identified 11 measures of mental health status. The committee chose to assess two of these with regard to the mental health of the teens in the Whitney Pier project - self-esteem and sense of mastery. A positive sense of self is a fundamental element of mental health, an important resource for coping with life's challenges. Sense of mastery is the extent to which an individual believes the circumstances of life are under his or her control. Persons with a higher sense of mastery are inclined to take steps toward promoting their own well-being, whereas those with a low sense of mastery would be much less inclined to act on behalf of their own health. It was felt these concepts were generally accessible and understandable, by adults and youth, and were closely related to the aims of the project.

Early in the project, the participants were asked to respond to a series of statements about self-esteem and sense of mastery. The self-esteem form included statements like: 'You feel you have a number of good qualities' to 'All and all, you're inclined to feel you are a failure.' The sense of mastery form included statements like: 'You have little control over the things that happen to you' to 'What happens to you in the future mostly depends on you' (see Appendix H). Youth were asked to respond by indicating that they: Strongly Agree, Agree, Disagree or Strongly Disagree. Participants would be asked to respond to the same statements at the conclusion of the project.

An initial comparison of the two surveys indicates that both self-esteem and sense of mastery among the project's participants have increased. For example, youth responding to the self-esteem inventory initially indicated they held generally negative opinions of themselves. Seven youth now express a positive sense of self. In regard to sense of mastery, most youth stated they had little control over what happened in their lives. Six youth now indicate they feel that they have increased control, and eight youth said they feel less helplessness.

Overall Evaluation In the evaluation strategy outlined in the second progress report for this project (see Appendix D), these areas of examination were targeted:

- Was the mental health promotion approach utilized?
- Did the mental health promotion approach have an impact on the effectiveness of the sexuality education programming?
- Were the social supports of participants strengthened?
- Did decision-making skills improve?
- Did knowledge, attitude and behaviour relating to sexuality change?
- Was youth involvement critical to the success of the project?
- What role did the community partners play in the project?

This overall evaluation was based on reviewing the results of each of the evaluation tools administered.

The responses to the mental health promotion evaluation indicate that the youth participants felt the **mental health promotion approach**, as they defined it, was utilized during the program. They all felt the club and program had created a comfortable and safe environment where they could speak their minds freely. They said they had received the information they wanted, and as a result they felt enabled to make better choices. Youth pointed to increases in confidence and self-esteem. The approach, which the Whitney Pier Youth Club was already using, appears to be a very good approach to educational programming for youth.

Participants felt strongly that the mental health promotion approach had a profound and positive **impact on the sexuality education** program. They felt that the comfortable and supportive environment created during the sessions allowed them a real freedom of expression. It was this sense of freedom and friendship, and the fact that the program was built around their ideas, that kept youth coming back. The club's director reported that the teens loved the program, talked about it between sessions and eagerly looked forward to the next.

The support network which already existed between the club's youth when the project began was enhanced by the sexuality education program. They learned a lot more about each other over the course of three months. Other **social supports** were strengthened by participation in the program as well. Youth stated that when the project began they did not know what organizations were available to help them. As a result of the information blitz, they have met personnel from many community agencies and are now armed with information as well as contact names and phone numbers.

In their evaluations, youth indicated that many personal skills have improved as a result of participation in the program. In particular, they pointed to newly strengthened **decision-making** abilities, and an increased ability to consider the consequences of their actions when making choices. The sexuality education program also increased youth's sense of responsibility to partners. Males and females said they have a better understanding of dating and relationships, and that they will not put pressure on themselves or others anymore. Another youth expressed pride that on a recent evening she made a conscious decision to limit her drinking.

Knowledge, attitude and behaviour toward sexuality issues have all improved in the youth involved. The teens said they have benefitted from the information provided during the blitz and the knowledge and insight they developed during the sexuality education and popular theatre sessions. They pointed to their personal journals as future resources. In terms of attitude, the silence about issues and information relating to sexuality has been broken. The participants said they would be more responsible when it comes to sex and relationships, that they will take more care where others' feelings are involved and that they will practice safe sex and birth control. One male is now attending the youth health centre with his girlfriend.

Youth involvement was a critical factor in the success of the project. From design and implementation, to setup and cleanup, to tee shirts and thank you cards, youth were involved at every level. In their evaluations, they point to their enjoyment of the youth ownership process and the open relationship they shared with the coordinator. Seeing their ideas put into action and knowing they could change and shape the program as it proceeded kept them coming back.

The project's **community partners** were a great asset to the project on many levels. They met with the coordinator every two weeks to be updated on the project and to offer support and advice. They supplied many of the materials the coordinator used in the sexuality education sessions and several members participated directly in the information blitz. It was also a learning experience for the community partners.

Barriers The mental health promotion approach and youth ownership of the program were so well-received by participants that the coordinator and advisory committee found barriers to be few and far between. However, a few points are worth noting.

Youth stated that ringing telephones or conversations between teens while the group was in session was distracting at times. Older teens felt that it would have been better if only those 14 years old and up had been involved. It was felt by the participants and the coordinator that the younger ones (11-13) should have a separate program.

It was not always easy to find guest speakers who were familiar with the mental health promotion approach or were comfortable integrating it into their presentations, and this was true even among those with the best intentions. Furthermore, representatives from agencies with services to offer youth are not always able to tailor a presentation to youth or work within the give-and-take of a youth-owned program. The experience of this program also showed there is still a wide gap between the institutional approach toward mental health and that of community development organizations. They differ in their emphasis, the former focusing on illness and cure, the latter on creating conditions that foster good mental health.

The development of evaluation tools proved to be another barrier, though not insurmountable. Even among those working in the field of community development there is an inexperience and a lack of knowledge about evaluative techniques. However, as the program progressed the members of the advisory committee were able to put their heads together and develop tools specific to the needs of this project and based on the input and responses of the youth.

Another unforeseen complication was the participation of parents. In the initial planning phase, the community partners wanted to involve parents in the program. The rationale was that they too might want or need the information and joint activities with their teens would increase communication on the important issues surrounding sexuality. However, youth absolutely rejected parent participation and in order to protect youth ownership of the program, not to mention continued participation, the idea was abandoned. Other studies have shown parent involvement in sexuality education programs to be successful, but generally the joint programming involves pre-teens.

TWO MONTH POST PROGRAM FOLLOW-UP

A senior sociology student from the University College of Cape Breton, was contracted to examine the results of our eight evaluations. This is her report:

I was originally hired to analyse the information from the evaluations done throughout the course of the youth sexuality education program. However, after looking through the material, I decided that the information had been sufficiently analysed, and that anything else would be redundant. As a follow up to those evaluations, I decided to conduct interviews with six participants. The interviews were carried out approximately two months after the program ended. Although this meant that participants' memories were not as "fresh" as they could have been, it allowed for the longer term (relatively speaking) effectiveness of the program to be assessed. The interview participants were selected by the Youth Centre Director, and interviews took place at the Youth Centre. The participants[1], three males and three females, ranged in age from 15 to 18. All interview participants were involved with the program from beginning to end.

The interviews were taped with a microcassette recorder, with the full knowledge and consent of the participants. They were assured that all information provided by them during the interviews would be kept confidential, that is to say, that their identities would be protected. They were also told that they did not have to answer any questions they did not wish to, or did not feel comfortable with.

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1 Throughout this report, "participants" refers to interview participants, except when otherwise noted. the size of the sample makes it difficult to generalize to the group involved in the project as a whole, although in some cases, such as when all interview participants agree on a point, it may be possible to assume the majority those not interviewed would also agree.

The interviews were informal and unstructured. Rather than going in with a set of questions, worded in advance, I went with a set of topics to cover and worded the questions in the course of the conversation. The topics included what elements of the program (e.g. journal writing, popular theatre, etc.) had worked best for them, what had not worked, how they had felt through the course of the program, what made the program work, and a comparison of this sexuality education program to the sexuality education they had received in school. This last topic in particular merits further study; although the participants did not provide lengthy responses to the questions around this topic, their answers were the most emphatic. All participants were asked essentially the same questions, although worded differently. This unstructured approach allowed the interview to take the form, as much as possible, of a casual conversation. My hope was that this would put the participants at ease and lead to more detailed responses.

During the interviews, participants identified several key factors to the success of the program, as well as several benefits of their involvement. My aim is primarily to represent, as accurately as possible, the participants own thoughts and feelings about the program. Therefore I will quote extensively from interviews.

The first key to the success of the program identified by participants is what can best be described as a charismatic coordinator. Lynn was named by all interview participants as an essential factor in the program's success. She was described as "outgoing", "easygoing", "fun to be around", and "like a teenager". Participants also said that she made a "good first impression" because "she was just like us". They also said she "knew how to connect with us", that they "could tell her anything", and that she had a "good sense of humour". Participants also stressed that it was important to them that Lynn was non-judgemental, open, and approachable. "She doesn't put us down, she tells us what we can do to help ourselves, she doesn't ever say anything bad about, if we had a bad situation."

A second factor identified by participants was that the group involved with the program was close knit, and that they were comfortable together. Several participants said that they felt they could "talk about anything" because they all knew one another. "Everybody that was in it, we're all really good friends." This became most obvious when participants were asked to compare the youth sexuality program to the sexuality education they received in school. "School you don't want to say nothin' cause there's people there you don't know. Here, you knew everybody, so you just--talked." Other participants said they felt "free to say what you want, not worried about what other people think," and that they could "say

whatever was on your mind, didn't have to hide anything."

The third factor identified by all participants was that they were in control of the program. The program focused on issues that were important to them, that they chose, and those issues were explored in ways that they valued and could relate to, for example, through journal writing and popular theatre. "We did everything that we wanted to do, we did the things that we *liked* to do the way we wanted". When asked explicitly if this was why the program worked so well for them, all participants enthusiastically agreed.

The fourth factor identified by some, but not all, participants, was convenience, that they did not have to go out of their way for the program. One participant said she was "always here anyway so it was just convenient." This suggests that any attempt to follow the lead set by this program should be carried out, if possible, within an existing youth organization. It is important to go to where teenagers already are voluntarily, rather than expecting them to go out of their way. This is also important for reasons of comfort. Sexuality is a difficult subject for most people to talk about; for educational efforts to be successful, it is essential that people be in an environment in which they feel comfortable.

All interview participants agreed that the program was a success and had helped them. Several participants emphasized the importance of having access to information to enhance their sense of empowerment. Because they feel better informed, they feel more able to make responsible decisions, and therefore more in control of their lives. Participants said that they feel "more confident" because they "know what to do in different kinds of situations".

It was clear from the interviews that information was the most important thing participants got out of the program, for example, information about birth control. As discussed above, it was clear from the interviews that participants felt more in control of their lives because they now feel they have the information necessary to make responsible decisions. When asked what element of the program they liked best, most participants identified the "info blitz". It was also made clear, however, that the sense of safety participants had in the youth centre was essential to the effectiveness of the information. Had they not felt able to ask questions without fear of being judged or mocked, they would likely not have learned as much as they did. Few people, teenagers in particular, are eager to admit that there is anything about sex that they do not know; to do so requires a strong sense of security and comfort. I believe, these basic emotional needs must be met before any sexuality education program can be successful.

Jen Fraser, Sociology Student UCCB

SUMMARY AND CONCLUSION

After her initial consultations with the teens involved in the project, the coordinator developed a work plan that outlined eight objectives (see Appendix I). Those objectives were:

- To engage youth in identifying their ongoing sexuality education needs
- To consult with other stakeholders in regard to issues of youth sexuality and mental health
- To design learning activities that address youth needs
- To increase knowledge of youth about appropriate resources within their community
- To increase knowledge of and improve accessibility to primary health services within their community
- To heighten awareness of youth about factors that affect their mental health
- To design a plan to continue accessibility to sexuality education using a mental health promotion approach at the Whitney Pier Youth Club
- To evaluate the development of a sexuality education program while adopting a mental health promotion approach

These objectives were referred to in the first and second progress reports, and the coordinator and the advisory committee used them as another tool to judge the progress and successes of the project.

The partners in this project are satisfied they have met these objectives (evaluation ongoing). Youth were brought together in an already existing supportive environment (the Whitney Pier Youth Club) and over the course of the first few sessions worked actively to **identify their sexuality education needs**. These were determined by youth to be birth control, relationships, planning a healthy future, knowing your own body and accessibility to information and services. It was known from the outset that the sexuality education and mental health project would be developed around the needs identified by youth in the early sessions, but a **committee of community partners** was also consulted about issues relating to teen sexuality and mental health. They supplied educational tools, direction and advice as they need arose.

After the needs assessment phase, the sessions focused on **learning activities** that addressed the needs the youth involved had identified. Youth suggested and implemented: an information blitz with an innovative, youth-driven format; interactive sexuality education sessions utilizing a variety of teaching tools and methods; popular theatre sessions which were filmed by an in-house video crew; writing and reflecting in personal journals; and activities and discussions focusing on mental health promotion.

Increasing knowledge of community resources remained a top priority for youth throughout the program. They searched directories, talked to parents and school professionals, and invited speakers to their information blitz. In order to **increase knowledge of and improve accessibility to primary health services**, the teens brainstormed on ways to reduce barriers between them and those services.

In order to **heighten awareness of factors affecting mental health**, mental health concepts were actively integrated into all the discussions and activities. There was a distinct emphasis placed on how the sessions made the participants feel and/or change.

As a result of the work of the project's participants, pamphlets and publications from many of the agencies they learned about are now available at the Whitney Pier Youth Club. Their own videos are a part of this **resource library** and the club is currently seeking funding to create a staff position for a sexuality educator.

The advisory committee was called upon to develop **evaluation tools** specific to the needs of this unique project. It developed tools that could evaluate both the sexuality education and mental health promotion components - tools that were built around the youth participants' expressed needs and their concepts of mental health. The preliminary results of these tools suggest the program succeeded in its goal - to develop a sexuality education model while adopting a mental health promotion approach - and met the objectives outlined in the work plan.

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APPENDIX
A

Advisory Group to Sexuality Education Program
Terms of Reference

1. Will act in an advisory capacity to the Cape Breton Wellness Centre and the Sexuality Education Program Coordinator throughout the duration of the sexuality education program.

2. Act in a consultative capacity by providing their professional advice about sexuality and mental health promotion; knowledge re current literature and programs; knowledge re appropriate community resources.

3. Assist with the development of an evaluation methodology for using a mental health promotion approach to sexuality education.

4. Meet at agreed upon intervals and times to accomplish the above tasks

5. Will consist of the following members:
-Community Health Promotion Coordinator from the Cape Breton Wellness Centre
-Program Coordinator for the Sexuality Education Program
- Public Health Services (preferably a former SERN)
- Aids Coalition / Needle Exchange
- Whitney Pier Youth Centre
- Planned Parenthood
- Mental Health Expertise
-Youth will initially be involved through more youth friendly means but we will bring youth input to the working group as necessary to collect their much needed advice and expertise.
-As the project develops the advisory group will hope for the input of parent/s as well either in a similar forum as with youth or with direct representation on the working group.

APPENDIX
B

Sexuality Education Program Coordinator, Cape Breton Wellness Centre

Job Description:
The Sexuality Education Program coordinator will be responsible for working with youth to develop a sexuality education program while adopting a mental health promotion approach.

- Engage youth, parents and youth centre staff to assess sexuality education needs;
- Consult with community partners (advisory group) and utilize community resources to assist with planning and implementation;
- Facilitate the implementation of youth designed learning activities;
- Develop and use an evaluation methodology (designed with youth) to measure effectiveness of such an approach to sexuality education;
- Record the process and steps used to develop, implement, and evaluate the program;
- Prepare reports on the progress of the program;
- Write a report outlining the total process of using a mental health approach applied to sexuality education in a community based setting.

Qualifications:
- A relevant university degree
- Experience with participatory research and evaluation
- Extensive experience working with high risk youth in a community based setting
- Ability to utilize a community development approach
- Possess an awareness of sexuality and mental health issues affecting youth and a have a high level of comfort addressing these issues with youth.
- Competent report writer
- Computer skills (word processing)
- Access to personal computer would be considered an asset

APPENDIX
C

Sexuality Education - Session #1
Birth Control

Objectives:

1. Youth will learn what birth control methods they are interested in.
2. Youth will examine their attitudes about birth control.
3. Youth will gain an understanding of the male and female reproductive system and how it works.
4. Youth will examine situations they might find themselves in relating to birth control.
5. Youth will continue to support themselves and communicate about sexuality issues.

ACTIVITIES	*METHOD*	*SUPPLIES*	*EVALUATION*
Myth and reality exercise	Facilitator called out statements and youth responded. Discussions were held on the correct information.	-Fact sheet -myth and reality sheet.	See attached
Situational Questions "male and female thoughts about birth control".	Facilitator handed out scenario sheets on male and female thoughts about birth control. Youth worked in smaller groups to answer questions as if it were themselves. Smaller groups presented back to larger group, their scenarios.	-Scenario sheets -Pencils	
Male and female reproductive systems examination	Each youth were given a copy of the male and female reproductive systems. Youth broke into smaller groups to discuss the pictures. Larger group got back together and an interactive discussion was held to determine what is normal and what is not.	-Pictures of the male and female reproductive systems.	

ACTIVITY Cont	*METHODS Cont*	SUPPLIES Cont	*EVALUATION Cont*
How do I use a condom exercise	Facilitator called out statements to large group and youth responded with a true or false. Youth were all given a condom and volunteers used a wooden penis to show the group how to properly use a condom. Large group discussion was held and questions answered.	-Fact sheets about condoms -condoms -true and false sheet -wooden penis	
Learning birth control methods	Smaller groups were given sheets on each type of birth control, these groups discussed the types. Joined back in large group and held a question and answer period.	-Sheets on different types of birth control	
Homework "in Search of condoms" exercise	Youth were provided with questionnaires about where in their community could they find condoms. They were asked to complete these and return them for the next session.	- work sheets for finding condoms	
Closure Exercise			

Sexuality Education - Session #2
Planning a Healthy Future

Objectives:

1. Youth will learn how to change negative thinking into positive thinking.
2. Youth will learn how to communicate better with one another and others.
3. Youth will have a better understanding of what they can control and what they can't control in their lives.
4. Youth will learn how to make responsible choices.
5. Youth will better be able to make decisions on choices that affect their lives.

ACTIVITIES	*METHOD*	*SUPPLIES*	*EVALUATION*
Positive Power Exercise	Youth broke into small groups and facilitator provided sheets on changing negative thinking into positive thinking. Smaller groups discussed how this worked and how it made them feel.	-Positive Power Sheets	See attached
Communication Exercise	Youth broke into smaller groups, facilitator handed out sheets containing communication windows. Youth were asked to fill in the lower half of the window on how they would discuss with others relevant topics to youth. We then discussed the results with the larger group. Facilitator gave examples of good communication.	-Communication Window Sheets	

ACTIVITIES CONT	METHODS CONT	SUPPLIES CONT	EVALUATION CONT
Exercise on Things you Can Control and Things you Cannot.	Facilitator gave each participant a worksheet and asked them to fill it in the best they could. Youth broke into small groups of 5 and discussed why they felt they could not control many things, after discussions many things were moved to the can control section.	-Sheets on Things you Can Control and Things you Cannot.	
Exercise on Decision Making	Each member was given a worksheet on decision making, sheets identified a problem that needed a solution. Youth were asked to fill this in and discuss the solution with the larger group.	Sheets on decision Making	
Decision Making Exercise Regarding Sexuality.	Youth were asked to list three decisions they have made regarding sexuality. They were also asked to list the reasons why they made these choices. Then youth were asked to re-think their decisions and improve thinking, how/why did you make these decisions.	-Paper and Pens	

ACTIVITIES CONT	METHODS CONT	SUPPLIES CONT	EVALUATION CONT
Exercise on Advantages and Disadvantages of Decision Making.	Larger group discussion regarding advantages and disadvantages about decision making-what effected their thinking,- why do we think this way.	-Flip Chart -Markers	
A Day in the Life of a Teen Exercise.	Each youth was provided with a worksheet and asked to list all the decisions they make, from the time they get up until the time they go to bed. What ones they think about and the ones they do not. Larger group discussed how this effected their day.	-Exercise Sheets	
Closure Exercise			

Sexuality Education - Session #3
Accessibility to Information and Services

Objectives:

1. Youth will have a better understanding of what services are available in their community.
2. Youth will increase access to services.
3. Youth will learn how to utilize the services available.
4. Youth will meet and speak directly to service providers in their communities.

ACTIVITIES	METHODS	SUPPLIES	EVALUATION
Searching for Appropriate Services and Organizations.	Youth were encouraged to search telephone directories and Cape Breton Directories for organizations they were interested in. Youth were encouraged to speak to teachers, parents, guidance counsellors in hopes of finding services and organization of interest to them.	-Telephone Books -Cape Breton Directory of Businesses and organizations.	See Attached

ACTIVITIES CONT	METHODS CONT	SUPPLIES CONT	EVALUATION CONT
Brochure Exercise	Youth collected brochure's for two weeks and then each youth having one, presented the information to the larger group.	-Brochure's, one for each in the group.	
Information Blitz	Youth prioritized organization and decided on five they would like to invite in to be guest speakers. Youth designed questions for each speaker. Youth delivered the question to the speakers. Youth organized the club with snacks, chairs and equipment needed for each presenter. Youth greeted each guest and introduced them to the rest of the group. Youth wrote thank-you notes and delivered them after each session.	-Paper -Pens -Tables -Snacks -Tea -Coffee -Table Cloths	
Closure Exercise			

Sexuality Education Session #4
Relationships

Objectives:

1. Youth will have a better understanding of dating pressures and rights.
2 Youth will have a better understanding of choosing partners.
3. Youth will examine intimacy and commitment.
4. Youth will examine what love is and what love is not.

ACTIVITIES	METHODS	SUPPLIES	EVALUATION
Exercise in dating pressure lines and assertive responses.	Facilitator with youth in a large group called out lines commonly heard when dating. Youth were asked to respond with what they believed to be good assertive responses. Held large group discussion following exercise.	Sheets with Pressure Lines and Assertive Responses.	See Attached
Group Brainstorm Session on, How to avoid dating situations that make you feel unsafe.	Large group brainstormed on techniques and ideas for safety on a date. Facilitator listed the responses on a flip chart. Facilitator assisted with a sheet on lines youth commonly heard from dating partners.	-Flip Chart - Markers -Sheets with lines commonly heard when dating.	

ACTIVITIES CONT	METHODS CONT	SUPPLIES CONT	EVALUATION CONT
Exercise on the Dating Bill of Rights.	Large group with the help of the facilitator examined the dating bill of rights. Youth discussed these and added to the list.	-Bill of Rights -Flip Chart -Markers	
What is Important to you Exercise.	Facilitator supplied all youth with sheets on aspects of a healthy relationship, youth were asked to rank them in order of importance 1 for very important, 9 for not so important.	-Sheets on what is Important and what is not -Pens	
Examining your Dating partner Exercise.	Youth were asked to examine their last date or relationship or if they did not have one what would their date be like. Youth were asked to rank the eight questions from 1-5 in order of how well they knew their dating partner. Large group discussion followed.	-Question Sheets -Pens	
Dating and Breaking a Relationship Exercise.	Youth in a large group discussed ways to break off a relationship. Youth were then asked to rate the decisions good or bad. Large group discussion on how this made the youth feel.	-Flip Chart -Markers	

ACTIVITIES CONT	METHODS CONT	SUPPLIES CONT	EVALUATION CONT
Stereotypes Exercise Closure Exercise	Large group discussion about stereotypes, both male and female, how has it been in the past and how is it now.	-Sheets on stereotypes both male and female	

Sexuality Education Session #5
Getting to know Your Body

Objectives:

1. Youth will better understand the changes they experience as they grow.
2 Youth will examine how to care for their changing bodies.
3. Youth will understand what is normal about their bodies and what is not.
4. Youth will have a better understanding about sexuality levels and how they change as they mature.

ACTIVITIES	METHODS	SUPPLIES	EVALUATION
Exercise on the emotional changes youth go through as they grow.	Facilitator listed on a flip chart, sense of idenity, pressure, confusion, complicated decisions, mood swings, self-conscience, sexual desires. Youth were asked to fill in what changes they have undertaken or what they think will change as they grow.	-Emotional Changes Sheet	See Attached
Exercise on Physical Changes	Facilitator provided youth with possible changes and why they occur. A large group discussion was held on the changes the youth have already had.	-Physical Changes Sheets, Both Male and Female	

ACTIVITIES CONT	METHODS CONT	SUPPLIES CONT	EVALUATION CONT
Exercise on Puberty and the Changing Body.	Facilitator provided youth with true or false question sheets. Youth filled these out individually and then in a large group the answers were discussed.	-True and False Questionaire Sheets Relating to Puberty for Both Males and Females.	
Exercise on the Different Changes. Males and Females.	Facilitator provided youth with a list of changes on a filp chart and asked youth to decide if they were changes for both male and female or which one they were.	-Sheets on male and Female Changes.	
Puberty Quiz	Facilitator provided youth with with a quiz and asked them to answer the questions. Larger Group Discussed the answers.	-Puberty Quiz Sheets	
Question and Answer Exercise	Youth were encouraged to ask questions regarding the changes they experience.		
Closure Exercise			

APPENDIX
D

Evaluation Strategy

For the purpose of evaluation, the project has been divided into five components. Each of these components involve a number of activities the youth have been involved in. The five major components are:

1. Sexuality Education
2. Information Blitz
3. Popular Theatre
4. Mental Health Promotion and Mental Health Status (self-esteem and sense of mastery)
5. Journal Writing

Evaluation Strategy:

A) During each component, youth are asked to reflect on each session. For example, during the week of the information blitz, the youth are asked to reflect on the effect of each guest resource person as well as the parent session at the end of the blitz. The coordinator does this by posing a few specific reflective questions. Youth use their journals to reflect, or go into small groups to discuss the session. These questions mainly focus on whether the session and information presented by the resource person helped to promote their mental health. See sample questions.

B) Following the completion of each major component (eg. information blitz), there is a written and verbal evaluation of that whole component. Specific written tools have been designed for each component. Youth are asked to individually respond to the questions on the evaluation form or are asked to first work in a small group before completing the questions. They may also be asked to write a few of the questions in their journal to reflect on over a few days and return prepared at the next session to fill in the evaluation form. Samples of the written tools for each component are attached.

C) An overall evaluation of the program from the youth perspective happens on the final session with the youth. The questions posed to youth are intended to determine whether the approach utilized had any affect on the sexuality education. What was that affect? What do the youth think contributed to that affect?

D) Using the workplan as a guide, the eight identified objectives will be evaluated. Were the objectives met and to what extent? What issues were identified as the workplan progressed? What role did community partners play in the project? What is the perception of the program from the perspective of these community partners as well as the staff and Board at the Youth Centre? What are the suggestions and plans for continuing to provide sexuality education using the mental health promotion approach?

Sample Questions for Reflection following each session:

1. How did you feel throughout the session tonight?
2. Did you feel encouraged by the session tonight? Why or Why Not?
3. What is the most important thing you learned tonight?
4. How will that learning help you?
5. Do you think you can make a better decision about something after tonight?

Sexuality Education

Youth identified five priority areas for learning:

1. Relationships
2. Knowing Your Own Body
3. Planning a Healthy Future
4. Accessibility to information and services
5. Birth Control

A short series of questions will be asked of the youth in regard to each of these topics. The basic questions are the same, with the specific topic highlighted. These questions are designed to evaluate knowledge, attitude and behavior related to the topic. We are constantly aware of not making the evaluation process a burdensome one for the youth but yet integrate it into discussion by keeping it pointed and concise.

APPENDIX
E

Evaluation questions for Sexuality Education sessions
Topics focused on: Relationships / Knowing your own Body / Birth Control / Planning a Healthy Future / Accessibility to information and services

1. How did you feel as you learned about_____?

2. What did you like about the session?

3. What didn't you like about the session?

4. Did you get your questions about_____ answered?

5. What questions do you still have about _____?

6. What is one thing you learned about _____
that you did not know before?

7. Will you do anything differently as a result of learning about _____?

Yes____ No____

Please tell us about it_____

_____

I'd like to tell Lynn _____

Thanks for Sharing !!

APPENDIX
F

Information Blitz

1. What did you like about having different resource people come into the Centre?

2. What didn't you like about it?

3. Who was your favorite speaker?

   Why?

4. What did you find out about that you didn't know before?

5. How do you think the guest speakers felt when they were at the Centre?

6. If you could have the Information Blitz again, would you?
Yes___ No___

or Would you do something different? If yes, what would it be?

7. What advice would you give those guest speakers if they had to go and talk to other groups of young people?

8. How did you feel about the parent day?

9. Why do you think so few parents came?

Thanks for sharing !!

Journal Writing

1. Did you like having a journal to write in?
   Yes ____ No_____

2. What did you like about it?

3. What didn't you like about it?

4. What kinds of things did you write about in your journal?

5. Do you think you will keep writing in your journal?
   Yes____ No____

   Why?

6. Please write a small paragraph describing what it is you like about having your own journal?

Thanks for Sharing !!

Popular Theatre

1. What do you think about this popular theatre stuff?

2. Was it fun for you?

3. Were you embarassed or nervous at first? Why?

4. Did you feel more confident after a few weeks? Why?

5. What did you like most about the popular theatre?

6. What didn't you like about it?

7. Did you learn anything about sexuality by being involved in the popular theatre?

Thanks for Sharing !!

APPENDIX
G

Mental Health Promotion

At the beginning of this project, you folks described mental health promotion. You said that in order to feel like your mental health is being promoted , you needed to feel certain things. You said you needed to feel:

1. **Good inside and in your environment**

Did you feel this way when coming to the Centre for this project?
Yes_____ No_____

Why do you think you felt this way?_____
_____
_____

2. Empowered and Encouraged

Did you feel empowered? Yes _____ No_____

In what way?_____

Did you feel encouraged throughout the program? Yes_____ No_____

Who encouraged you?

How were you encouraged?

3. You said you needed to be able to get the information you needed to make choices.

Did you get the information you wanted? Yes_____ No_____

What information was of most help to you?

What other information do you want or need?

4. You said you needed to feel free to make your own choices and be responsible for those choices?

Did this happen? Yes ___ No ____
Could you give us an example? _____

5. You said you needed to feel accepted for who you are?

Were you allowed to be yourself? Yes____ No ____
In what way ?_____
_____

What helped you to feel good or better about yourself?
_____
_____

Do you understand yourself any better now?
_____
_____

How did Lynn (the coordinator) help you?
_____
_____

APPENDIX
H

Mental Health Status
Self-esteem and Sense of mastery

As was outlined in the previous document, two measures have been chosen to assess whether there was any change in mental health status throughout the course of the project. They are self-esteem and sense of mastery. The questions used come directly from the document, Population Mental Health in Canada by Tom Stephens.

These questions were asked 3 weeks into the program and will be asked again at the conclusion. Youth are asked to respond by indicating; strongly agree, agree, disagree, strongly disagree. Code names chosen by the youth were used as identifiers.

Self-Esteem questions:

1. You feel you have a number of good qualities
2. You feel you are a person of worth at least to others
3. You are able to do things as well as most people
4. You take a positive attitude toward yourself
5. On the whole, you are satisfied with yourself
6. All in all, you're inclined to feel you are a failure

Sense of mastery:

1. You have little control over the things that happen to you
2. There is really no way you can solve some of the problems you have
3. There is little you can do to change the important things in your life
4. You often feel helpless in dealing with problems of life
5. Sometimes you feel that you are being pushed around in life
6. What happens to you in the future mostly depends on you
7. You can do just about anything you really set your mind to

APPENDIX

I

Work Plan

The following is the work plan for developing a sexuality education project using a mental health promotion approach. The workplan is subject to change according to the needs of the youth.

OBJECTIVE #1	ACTIVITIES	WHOM	WHEN
To engage youth in identifying their ongoing sexuality education needs.	-Bring youth together. -Develop questionnaire to assess youth needs. -Discuss results of questionnaire. -Record needs and planned activities.	Project coordinator and youth.	January 4 to January 22, 1999 and ongoing.

OBJECTIVE#2	ACTIVITIES	WHOM	WHEN
To consult with other stakeholders in regard to issues of youth sexuality and mental health.	-Meet with staff. -Meet with parents. -Form advisory group of community partners and plan regular meetings.	Project coordinator, youth staff, parents, advisory group.	January, 1999 and ongoing

OBJECTIVE#3	ACTIVITIES	WHOM	WHEN
To design learning activities that address youth needs.	-Information Blitz, designed and facilitated by youth. -Video production, designed and developed with youth. -Popular theatre activities.	Project coordinator, youth and community partners.	February and March, 1999

OBJECTIVE#4	ACTIVITIES	WHOM	WHEN
Increase the knowledge of youth about appropriate resources within their community.	-Search phone directories and make phone inquiries to local services. -Visit youth health centre. -Gather information from schools staff (guidance counsellors) -Invite guest speakers.	Project coordinator and youth.	ongoing

OBJECTIVE #5	ACTIVITIES	WHOM	WHEN
To increase knowledge of and improve accessibility to primary health services within their community.	-Identify concerns. -Brainstorm with youth for actions to decrease barriers -follow through on youth actions (eg. meet with health centre staff, medical clinic staff)	Project coordinator and youth.	February and March, 1999

OBJECTIVE#6	ACTIVITIES	WHOM	WHEN
To heighten the awareness of youth about factors that affect their mental health.	-Discussion groups to help youth express thoughts and feelings that identify factors.	Project coordinator and youth.	February and March, 1999

OBJECTIVE#7	ACTIVITIES	WHOM	WHEN
Design a plan to continue accessibility to sexuality education using a mental health promotion approach at the Whitney Pier Youth Club.	-Youth to develop a resource library. -Professional development for youth club staff. -Youth will make recommendations for sustainability.	Project coordinator, Youth, community partners.	March, 1999

OBJECTIVE #8	ACTIVITIES	WHOM	WHEN
To evaluate the development of a sexuality education program, using a mental health promotion approach.	-Strike an evaluation committee, consisting of advisory group members and youth. -Design a strategy to be used for evaluation. -Implement the evaluation strategy.	Project coordinator, youth, community partners.	Ongoing